


KDHE REGISTRATION FOR KANSAS DRYCLEANING FACILITIES (2003)

 <p>Please return completed form to: Kansas Department of Health and Environment - BER Assessment & Restoration Section 1000 SW Jackson, Suite 410 Topeka, KS 66612-1367</p>	State Use Only Registration Number: Date Received:
INSTRUCTIONS	
Please type or print in ink all items except "signature" in Section 6. This form must be completed for each drycleaning facility which uses drycleaning solvents. ALL LINE ITEMS MUST BE FILLED IN OR FORM WILL BE RETURNED, DELAYING APPLICATION. If an item does not apply, write "NA".	
1. LOCATION OF FACILITY	2. REAL PROPERTY OWNER
Facility Name	Name
Street Address	Street Address
City State Zip	City State Zip
County (Area Code) Phone Number	(Area Code) Phone Number
3. OWNER OF FACILITY/EQUIPMENT	TYPE OF OWNER (Mark all that apply)
Owner Name or Company Site Identifier, as applicable	<input type="checkbox"/> Consortium <input type="checkbox"/> Corporation <input type="checkbox"/> Firm <input type="checkbox"/> Individual <input type="checkbox"/> Joint-stock Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Ownership Uncertain <input type="checkbox"/> Other _____
Contact Person	
Street Address or County Rd., as applicable	
City State Zip	
(Area Code) Phone Number	
Retailer Sales Tax Number	
5. CONTACT PERSON/OPERATOR AT DRYCLEANING FACILITY LOCATION	
Name	
Job Title (Area Code) Phone Number	
6. CERTIFICATION (Read and sign after completing applicable Sections on page 2 and any accompanying forms.)	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	
Signature of Owner _____ Date _____	
PRINT name of Owner _____	

7. DESCRIPTION OF DRYCLEANING MACHINES AND FACILITY (Complete for each machine currently at this location.)

Drycleaning machine identification number or arbitrarily assigned sequential number (1,2,3...)	Machine No.	Machine No.	Machine No.	Machine No.
a. Status of drycleaning machines (mark all that apply):				
Currently in use	(Yes, No)	_____	_____	_____
Temporarily out of use	(MO/YR or "NA")	_____	_____	_____
Permanently out of use	(MO/YR or "NA")	_____	_____	_____
Brought into use before Dec. 9, 1991	(Yes, No)	_____	_____	_____
Brought into use after Dec. 9, 1991	(Yes, No)	_____	_____	_____
Estimated age of machine (in years). _____				
b. Estimated storage capacity of cleaning solvent per machine:				
Gallons	_____	_____	_____	_____
Type of Solvent	_____	_____	_____	_____
c. Are machines "permanently out of use" drained of all drycleaning solvents?				
(Indicate Y or N)	_____	_____	_____	_____
d. When did drycleaning operations begin at this location? (Month-Year) _____				

8. SOLVENT PURCHASE, USE, DELIVERY, STORAGE, AND DISPOSAL

a. From whom do you purchase solvent?	(Name-City)	_____
b. Check type of solvents currently used:	Perc _____	Petroleum Naphtha _____ Other ____ (Specify) _____
c. Check type of solvents used in the past:	Perc _____	Petroleum Naphtha _____ Other ____ (Specify) _____
d. What is your average annual usage in Gallons?	Perc _____	Petroleum Naphtha _____ Other ____ (Specify) _____
e. Are virgin (new) solvents stored in containers other than the drycleaning machine?	YES - NO - NA	
f. Are chlorinated drycleaning solvents delivered to the facility by means of a closed, direct-coupled delivery system?	YES - NO	
g. Are PCE solvent wastes (muck, filters, etc.) stored in sealed containers?	YES - NO - NA	
h. If separator water is generated, how is it disposed of?		
_____ Heated Evaporation Unit	_____ Sanitary Sewer	_____ Other:
_____ Licensed Waste Hauler	_____ Sanitary Landfill	(Specify _____)
_____ Misting Unit	_____ Storm Sewer	

9. ADDITIONAL INFORMATION

a. Are you a dry cleaning facility for other retailers? YES - NO If yes, please list them, attaching a continuation sheet if necessary:					
Facility Name	Address	City	State	ZIP	Phone Number
1				
2				

If you would like to apply to the Drycleaning Facility Release Trust Fund for site prioritization, please contact KDHE at (785) 296-6370. Copies of this registration form, the prioritization application form and additional information of the Drycleaning Facility Release Trust Fund are available on KDHE Website at : <http://www.kdhe.state.ks.us/dryclean>